AND PLAN	INT OF DEPICIENCIES OF CORRECTION	AND HUMAN SERVICES & MEDICALD SERVICES  (X1) PROVIDERSUPPLIERCUA IDENTIFICATION NUMBER:	(X2) M A. BUR	ULTIPLE CONSTRUCTION	OMB N	M APPRO O. 09384 SURVEY
NAME OF	PROVIDER OR SUPPLIER	445457	B. WIN	G	}	
EAST	ennessee Health C		7	STREET ADDRESS, CITY, STATE, ZIP CODE 465 ISBILL RD	02	/06/2012
CX4) ID PREFIX TAG	REGULATORY OR LS	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROMDERS PLAN OF GORRES PROMDERS PLAN OF GORRES (EACH CORRECTIVE ACTION SIN CROSS-REFERENCED TO THE APP DEFICIENCY)		COMPLET OATE
T Est Coe ce Coe Coe Coe Coe Coe Coe Coe Coe Coe Co	Smoke barriers are collegat a one half hour accordance with 8.3. terminate at an atrium protected by fire-rated panels and steel frams separate compartmention. Dampers are not penetrations of smoke heating, ventilating, and 19.3.7.3, 19.3.7.5, 19.1 his STANDARD is not assed on observation, moke barrier fire rating the findings include: bservation on February vealed numerous penetration in the corridor amount in the corridor and the hour fire rated consisting in the corridor and the hour fire rated consistency and the hour fire rated consistency and the corridor and of 19.3.5.4 instants.	smoke barriers may wall. Windows are learning or by wired glass est. A minimum of two its are provided on each trequired in duct barriers in fully ducted di air conditioning systems. I.6.3, 19.1.6.4  It met as evidenced by: the facility failed to assure is are maintained.  If the facility failed to assure is are maintained.  If the facility failed to assure is are maintained.  If the facility failed to assure is are maintained.  If the facility failed to assure is are maintained.  If the facility failed to assure is are maintained.  If the facility failed to assure is are maintained.  If the facility failed to assure is are maintained.  If the facility failed to assure is are maintained.  If the facility failed for a setting ulsting system are separated from assisting partitions and sing and non-rated or and failed and another failed for the failed failed and another failed for the failed fai	K 029	DEFRICE	o provide ance moke mwall. ted and steel ate ach floor. fully ir 9.3.7.5, and 2, Carls is the e 100 129. tenance ance ations moke ints y the y	

Any deficiency eletement ending with an actorisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that content provides sufficient protection to the patients. (See instructions.) Except for nursing homes, the sindings etailed above are disclosuble 90 days following the date of survey whicher or not a plan of correction is provided. For nutsing homes, the above findings and plans of correction are disclosuble 90 days down participation.

If deficiencies are clied, an approved plan of correction is requisite to certificated. FCRM CME-2567(02-90) Provious Vorsions Obsoles Event (0:909021

Facility ID: THE201

If continuation shoot Page 1 of 3

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PAGE 03/10

2012-03-15 14:18 DC0547PM13501 DEPARTMENT OF HEALTH AND HUMAN SERVICES 8652125642 >> 4234424465 P 42/45 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION FORM APPROVED (X1) PROVIDER/SUPPLIBR/CLIA IDENTIFICATION NUMBER: OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A BUILDING COMPLETED 01 - MAIN BUILDING OT B. WING 445457 NAME OF PROVIDER OR SUPPLIER 02/06/2012 STREET ADDRESS, CITY, STATE, DIP CODE EAST TENNESSEE HEALTH CARE 455 IBBILL RD MADISONVILLE, TH 37354 SUMMARY STATEMENT OF DERICIÈNCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) O(4) ID PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERBNCED TO THE APPROPRIATE PREFIX OOMPLETION CATE DEFICIENCY K 025 NFPA 101 LIFE SAFETY CODE STANDARD \$3=D K 025 Facility Administrator in serviced Smoke barriers are constructed to provide at Maintenance Supervisor and Maintenance Assistant on 3/12/2012 to least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may ensure all new construction and/or renovations maintain compliance with terminate at an atrium wall. Windows are the Integrity of smoke barriers as well as protected by fire-rated glazing or by wired glass inspect facility areas during routine panels and steel frames. A minimum of two rounds to maintain compliance with separate compartments are provided on each smoke barrier areas. floor. Dampers are not required in duct 4. The Maintenance Supervisor. penetrations of smoke barriers in fully ducted Assistant Maintenance Supervisor heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 and/or designee will monitor for the potential of penetrations in the corridor smoke wall during routine monthly facility checks. The Maintenance Supervisor will report to Administrator for compliance; compliance audit will be reviewed during quarterly QA Safety This STANDARD is not met as evidenced by: Committee Meeting, Based on observation, the facility failed to assure smake barrier fire ratings are maintained. The findings include: Completion Observation on February 6, 2012 at 10:10 a.m. date: 3/22/12 revealed numerous penetrations above the ceiling in the corridor smoke wall located on the 100 hall above patient rooms 128 and 129, NFPA 101 LIFE SAFETY CODE STANDARD K 029 K 020 SSED One hour fire rated construction (with 1/4 hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE TITLE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for ruraling homes, the findings stated above are disclossible 90 days following the date those documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

FORM CMS-2567(02-00) Previous Varsions Obsolets

Event 10: 905021

FOCURY ID; TN6201

If continuation shoot Page 1 of 3

DOD DATE

STATELE	MT OF SERVICE	AND HUMAN SERVICES  MEDICAID SERVICES				FO	P 42/1 EU: UZ/UZ RM APPRO
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(202)	MULT	IPLE CONSTRUCTION	OMB	VO, 0938-
		2000 per 100 mm	JA BU	JLOIN	G 91 - MAIN BUILDING OT	CON	E SURVEY
NAME OF	PROVIDER OR SUPPLIER	445457	B. WI	NG_		}	
	ennessee Health C	ARE		STR	EET ADDRESS, CITY, SYATE, ZIP CODI		2/06/2012
(X4) ID	SUMMATE COL			М	ADISONVILLE, TH 37354		
PREFIX TAG	REGULATORY OR LS	EMENT OF DEMICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	PREFI TAG	x i	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AR	ECTION HOULD BE PROPRIATE	COMPLET DATE
K 025 SS=D	NFPA 101 LIFE SAF	ETY CODE STANDARD	K O	25	DEFICIENCY	FROMIATE	DATE
	accordance with 8.3. terminate at an atrium protected by fire-rated panels and steel frames separate compartmen floor. Dampers are no penetrations of constructions of constructions.	diazing or by wired glass es. A minimum of two its are provided on each trequined in duct barriers in fully ducted					
O29 NF S=D On fire extended the option of the document of the	moke barrier fire rating the findings include: bservation on Februar vealed numerous pendiling in the corridor art to half above patient to FPA 101 LIFE SAFET the hour fire rated consimulating system in a differ 19.3.5.4 protects in approved automatic fire is used, the areas for spaces by smoke more. Doors are perfected to specifications.	y 6, 2012 at 10:10 a.m. strations above the noke wall located on the nows 128 and 129. Y CODE STANDARD struction (with 1/4 hour opproved automatic fire accordance with 8.4.1 hazzardous areas. When the extinguishing system are separated from esisting partitions and esisting and non-rated or	K 028	S L C C (V an appropriate the specific and first the specific and spec	029 NFPA 101 S=D ife Safety Code Standard one hour fire rated construction with % hour fire rated doors) or n pproved automatic system in occordance with 8.4.1 and/or 19.3 rotects azardous reas. When the approved automate extinguishing system option is the areas are separated from othe baces by smoke resisting partitlo and doors. Doors are self-openin eld-applied protective plates that by exceed 48 inches from the both the door are permitted.	atic used, r ns g	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosuble 20 days following the data these documents are made available to the facility. If deficiencies are clied, an approved plan of correction is requisite to continued FORM CMS-2567(02-95) Previous Vorsions Obsoles Event

Event (0:808021

Facility IO: TN8201

M continuation shoot Page 1 of 3

STATEME	ENT OF DESCRIPTION	DC0547PM13501 FAND HUMAN SERVICES & MEDICAID SERVICES			LKINIE	P 43/4 W: UZIM M APPRO
AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:	(X2) MU	LTIPLE CONSTRUCTION	OMB N	0.0938-
	88	The state of the s	A BUILD	DING OT - MAIN BUILDING OT	COMP	SURVEY
VANE OF	PROVEN	445457	B. WING	- water potrolite 64	}	
	PROVIDER OR SUPPLIER				02/	08/2012
EAST 7	TENNESSEE HEALTH C	ARE	3	TREET ADDRESS, GITY, STATE, ZIP CODE 466 ISBILL RD		<u> </u>
(X4) ID PREFIX	SUMMADY STAT			MADISONVILLE, TN 37354		
PREFIX	EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	(ID			
	"COOCHIDET ORLS	MUST BE PRECEDED BY FULL DENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REPERIENCED TO ACTION SH	CTION	downla
	1		1 1/10	CROSS-REPERENCED TO THE APP	ROPRIATE	CATE
K 029	Continued From pag			-		
	i have i form page	# T	K 029	Corrective Actions:		
	!	1	., 52.3	1. On 2/7/2012, the Maintenance Supervisor purchased sheet rock	On	ĺ
	i			2/7/2012 and 2/8/2012, Carls Cor	ntractors	
j	This STANDARD is a	not met as evidenced by:		repaired 2/7/2012 and 2/8/2012, (	Carls	
į	Based on observation	the facility failed in assure	ļ	Contractors repaired penetrations	in the	
Ì	hazardous area one (	1) hour fire reted in assure	1	fire rated ceiling in the hot water mechanical room and laundry roo	i	
- 1	THE PROPERTY OF THE PROPERTY O	ined.	1	2. On 2/8/2012 - 2/10/2012, Main	m. Jenance	
ŀ	THE INDOMOS Includes	- NO. 10 (1990)		Supervisor and Assistant Mainten	ance	
j	revealed panetral	ary 5, 2012 at 9:50 a.m.	1	Supervisor completed an internal		
i	to numerous asses at	In the fire rated celling due	į	Inspection of any potential unsea	aled	
- !	Water mechanical	rater damage in the hot	1	penetrations in the fire rated ceilin water damage throughout the buil	ig due to	
	NFPA 101 LIFE SAFE	CODE CONTROL	1	ensure that no other residents have		
			K 062	potential to be affected by the san		
į 1	Required automatic spi	inkler systems	1	deficient practice. The facility	1	
			1	Administrator was informed per compliance of results of results of	Inspection	
	11-10 Pt C 11205	CIEC 200 forted	1	3. Facility Administrator in service	d l	
1 17	25, 8.7.5	.8.12, NFPA 13, NFPA		Maintenance Supervisor and Mair	tenance [	
i			- 1	Assistant on 3/12/12 to ensure all construction and/or renovations m		
į		1	- 1	compliance with the integrity of the		
1-	LI- 85-LI	1	1	rated constructions and approved	firestop	
	his STANDARD is not	met as evidenced by:	i	systems as well as inspect facility	areas	
10	ased on observation, i	ecord review and	- 1	during routine rounds to maintain compliance with fire rated constru	-41	
	terview with maintenantied to assure the sprin		- 1	4. The Maintenance Supervisor, A	Assistant	
ins	spected and maintaine	d mortork		Maintenance Supervisor and/or de	signee	
1 11	ie in minda incinue.	1	i	will monitor for the potential of uns	ealed	
QI	bservation, interview wi	th maintenance director	1	penetrations (smoke) during routing	18	
			1	monthly room checks. The Mainte Supervisor will report to Administ	rator for	
				compliance; compliance audit will	be /	90
on	a charterly pasic be to	ed semi-annual and not		reviewed quarterly QA Safety Cor	nmittee Mee	ting.
	PA 101 LIFE SAFETY		.			
-			K 141		i	- 1
No	n-smoking and no smo	king slons in areas	1		Comi	pletion
			1			3/22/12
_1_		.6.4.2.	į			
-2567(02.	-99) Pravious Varsions Obsolute		1		1	- 1

ND PLAN	NT OF DEFICIENCIES NOF CORRECTION	& MEDICAID SERVICES  & MEDICAID SERVICES  (X1) PROVIDER/SUPPLIENCLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL	DING 01 - MAIN BUILDING 01	OMB NO COMP	SURVEY
		445457	B. WIN	9	)	
	PROVIDER OR SUPPLIER				02/	08/2012
	ennessee Health C		1	STREET ADDRESS. CITY, STATE, ZIP COD 463 ISSILL RD MADISONVILLE, TN 37354	•	
(X4) ID PREFIX	SUMMARY STAT	EMENT OF DEFICIENCIES	1 10			
TAG	REGULATORY OR LE	MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION 8 CROSS-REFERENCED TO THE AP DEFICIENCY)		COMPLE DATE
K 029	Continued From pag	e 1	K 02	KOSO NEBA 101		
	ļ			LIFE SAFETY CODE STANDA	RD	
	This Area and			Required automatic sprinkler sy		
	Based on observation	not met as evidenced by:		continuously maintained in relia operating condition and are ins	pected (	
i		n, the facility falled to assure		and tested periodically. 19.7.6,		
i	WALLER ST HORSON RECEIVES	ined.		NFPA 13, NFPA 25, 9.7.5 1. On 2/8/12, Maintenance Sup	ervisor	
- 1	I NO DODINOS include:			initiated quarterly contract for si	orinkler	
i	revealed panetrations	ary 6, 2012 at 9:50 a.m.		system inspection with Simplex Quarterly inspections to begin h	Grinnell.	
		In the fire rated ceiling due water damage in the hot		2012 and continue for the mont	hs of May.	
				August, and November.		
S≖D.	WIN TOT LIFE SAFE	TY CODE STANDARD	K 062	Contract for quarterly sprinkle inspection completed with effect at 1971, 2012.	er system tive date	
- []	Required automatic sp	rinkler systems are	i	of 3/1/2012.	i	
	continuously maintaine condition and are inspe	M in callable as a series	- 1	3. Facility Administrator in service	d	
100	refluencelly. 19.7.8. k	1.8.12, NFPA 13, NFPA	ı	Maintenance Supervisor and Maintenance Assistant on 3/12/12		
12	25, 9.7.5	TO IS, REPA	- 1	maintain compliance and ensure s		
1			1	systems are continuously maintain	ned in	
i			1	reliable operating condition and ar inspected and tested quarterly and	e las poedad	
1	his STANDARD is no	met as evidenced by	i	4. The Maintenance Supervisor	vill	
			1	report to Administrator for complia	nce;	
fa	terview with maintenantied to assure the sprin	ice director, the facility	- 1	compliance audit will be reviewed quarterly QA Safety Committee Ma	during	
1 11 1	SPECIED BUG WHIPPIPE	d quarterly.		, and a second second	stang.	
1 44	ie moings include:	W 5	- 1			
jar	uservation, interview w	ith maintenance director	- 1		1	
, eq.,	IN TEVERSOR THE BUILDING	bruary 6, 2012 at 10:00	1			
; ***	spacacile were condito	THE COMPLETE PROPERTY AND MAKE	i			
1	a dres rath basis as u	CONTROL FOR the exerting	1			
DI SULIME	PA 101 LIFE SAFETY	CODE STANDARD	K 141		Con	pletion
No	n-smoking and no sma	oking slans in areas				3/22/1
f taile	ב ב בו ממציעת פום	stored are in accordance				- 1

K 141 Co This Ba the who 8.6. The Obs reve cylir smc K 147 NFF SS=D Elec	ontinued From pages on observation on February (w. 1).	must be preceded by full sc Dentifying information)  ge 2  not met as evidenced by: not the facility failed to assure is were provided in areas d or stored (NFPA 99,  uary 6, 2012 at 10:45 a.m. 22) E-Class oxygen a oxygen storage room on		PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  K141 NFPA 101 SS=D LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6. 1. On 2/8/12, Maintenance Supervisor printed a temporary Oxygen Storage Sign and placed on the door and a Magnetized No Smoking Sign was placed on the door frame. An Oxygen Storage sign was ordered on 2/8/12, On 3/8/2012, a permanent Oxygen Stored and a no Smoking sign was affixed to the door.	DATE
K 141 Co This Ba the who 8.6. The Obs reve cylir smc K 147 NFF SS=D Elec	SUMMARY STA- (EACH DEFICIENCY OR LS  (EACH DEFICIENCY	CARE  TRIMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  DIP 2  Anot met as evidenced by: DIP 1, the facility failed to assure is were provided in areas d or stored (NFPA 99,  LIGHT 6, 2012 at 10:45 a.m.  22) E-Class oxygen a oxygen storage room on	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY)  K141 NFPA 101  SS=D  LIFE SAFETY CODE STANDARD  Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.  1. On 2/8/12, Maintenance Supervisor printed a temporary Oxygen Storage Sign and placed on the door and a Magnetized No Smoking Sign was placed on the door frame. An Oxygen Storage sign was ordered on 2/8/12, On 3/8/2012, a permanent Oxygen Stored and a no Smoking sign was affixed to the door.	COMPLETIO DATE
K 141 Co This Ba the who 8.6. The Obs reve cylir smc K 147 NFF SS=D Elec	SUMMARY STA- (EACH DEFICIENCY OR LS  (EACH DEFICIENCY	must be preceded by full sc Dentifying information)  ge 2  not met as evidenced by: not the facility failed to assure is were provided in areas d or stored (NFPA 99,  uary 6, 2012 at 10:45 a.m. 22) E-Class oxygen a oxygen storage room on	PRIEFIX TAG	ADDRESS, CITY, STATE ZIP CODE  486 ISBILL RD  MADISONVILLE, TN 37354  PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY)  K141 NFPA 101  SS=D  LIFE SAFETY CODE STANDARD  Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6, 1. On 2/8/12, Maintenance Supervisor printed a temporary Oxygen Storage Sign and placed on the door and a Magnetized No Smoking Sign was placed on the door frame. An Oxygen Storage sign was ordered on 2/8/12, On 3/8/2012, a permanent Oxygen Stored and a no Smoking sign was affixed to the door.	COMPLETIO DATE
K 141 Co Thi Ba the whe 8.6, The Obs reve cylir the Smc K 147 NFF SS=D Elec	ontinued From pages on observation on February two (notes a stored in the front hall near the front hall n	ge 2  not met as evidenced by: not met as evidenced by: no, the facility failed to assure is were provided in areas d or stored (NFPA 99,  uary 6, 2012 at 10:45 a.m. 22) E-Class oxygen a oxygen storage room on	ID PREFIX YAG	K141 NFPA 101 SS=D LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6. 1. On 2/8/12, Maintenance Supervisor printed a temporary Oxygen Storage Sign and placed on the door and a Magnetized No Smoking Sign was placed on the door frame. An Oxygen Storage sign was ordered on 2/8/12, On 3/8/2012, a permanent Oxygen Stored and a no Smoking sign was affixed to the door.	DATE
This Bathe who so the Cobs reversity in the 1 Smc NFF SS=D Elect	is STANDARD is ased on observation No Smoking sign ere oxygen is used (4.2), a findings include; servation on Februaled twenty two (inders stored in the front hall near the	not met as evidenced by: on, the facility failed to assure is were provided in areas d or stored (NFPA 99,  uary 6, 2012 at 10:46 a.m. 22) E-Class oxygen e oxygen storege room on	K 141	K141 NFPA 101 SS=D LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6, 1. On 2/8/12, Maintenance Supervisor printed a temporary Oxygen Storage Sign and placed on the door and a Magnetized No Smoking Sign was placed on the door frame. An Oxygen Storage sign was ordered on 2/8/12, On 3/8/2012, a permanent Oxygen Stored and a no Smoking sign was affixed to the door.	4.2.
the whe 8.6. The Obs reversities Smoth	No Smoking sign ere oxygen is user (4.2), a findings include: servation on Febru ealed twenty two ( inders stored in the front hall near the	party 6, 2012 at 10:45 a.m.  22) E-Class oxygen  oxygen storage room on		areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6, 1. On 2/8/12, Maintenance Supervisor printed a temporary Oxygen Storage Sign and placed on the door and a Magnetized No Smoking Sign was placed on the door frame. An Oxygen Storage sign was ordered on 2/8/12, On 3/8/2012, a permanent Oxygen Stored and a no Smoking sign was affixed to the door.	4.2.
This Base electron NFP/The fi	PA 101 LIFE SAFE  chical wiring and e  NFPA 70. Nation  STANDARD is not  ed on observation  rical wiring is insta  A 70.  findings include:  provation on Februa  aled one (1) electrical  sed wiring above to  patient room 129	ct met as evidenced by: the facility falled to assure alled in accordance with ary 6, 2012 at 10:30 a.m. load junction box with the celling on the 100 hall with no protective cover	K 147	2. Oxygen is stored only in this location and no smoking signs are placed at all entrances to cover any oxygen that may be used in resident rooms.  3. Facility Administrator In serviced Maintenance Supervisor and Maintenance Assistant on 3/12/12 to check sign placement and ensure compliance with non-smoking and no smoking signs in areas where oxygen is used or stored in accordance with 19.3.2.4, NFPA99, 8.62 during routine facility rounds.  4. The Maintenance Supervisor and/or designee will monitor for sign placement during routine facility rounds. The Maintenance Supervisor will report to Administrator for compliance; compliance audit will be reviewed during quarterly QA Safety Committee Meeting.	Completion date: 3/22/1

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2012-03-15 14:18 DC0547PM13501 8652125642 >> DEPARTMENT OF HEALTH AND HUMAN SERVICES 4234424465 P 44/45 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIENCLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION DENTFICATION MANGER: (X3) DATE SURVEY COMPLETED A, BUILDING 01 - MAIN BUILDING DI B. WING 445457 NAME OF PROVIDER OR SUPPLIER 02/06/2012 STREET ADDRESS, CITY, STATE, ZIP CODE EAST TENNESSEE HEALTH CARE 485 1981LL RD MADISONVILLE, TN 37364 SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX TAG ID PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETION DATE DEFICIENCY) K 141 Continued From page 2 K 141 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the No Smoking signs were provided in areas where oxygen is used or stored (NFPA 99. 8,6,4.2), The findings include: Observation on February 6, 2012 at 10:45 a.m. revealed twenty two (22) E-Class oxygen cylinders stored in the oxygen storage room on the front hall near the dining room with no " No Smoking " signs displayed. K 147 NFPA 101 LIFE SAFETY CODE STANDARD K147 NFPA 101 K 147 SS≈D SS=D Electrical wiring and equipment is in accordance LIFE SAFETY CODE STANDARD with NFPA 70, National Electrical Code. 9.1.2 Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2 1. On 2/7/2012, Maintenance Assistant This STANDARD is not met as evidenced by: installed protective cover over electrical junction box above the celling on the 100 Based on observation, the facility failed to assure hall near patient room 129. electrical wiring is installed in accordance with 2. On 2/8/2012 - 2/10/2012, the NFPA 70. Maintenance Assistant and Maintenance The findings include: Supervisor conducted an inspection Observation on February 6, 2012 at 10:30 a.m. throughout the building to ensure that no revealed one (1) electrical junction box with other residents have the potential to be exposed wiring above the ceiling on the 100 hall affected by the same deficient practice. near patient room 129 with no protective cover The facility Administrator was informed installed. per compliance of results of inspection. FORM CMS-2587(02-09) Previous Versions Obsolete

NAME OF	NT OF DEPICIENCIES OF CORRECTION PROMDER OR SUPPLIER	(X1) PROVIDER/SUPPLIER/SUA IDENTIFICATION NUMBER: 445457	A. BUILDIN B. WING	TA - HINTHA STATESTING DI	(X3) DATE COMP	0, 0938-0 SURVEY LETED 06/2012
(X4) ID PREFIX TAG	SUMMARY STA (BACH REFICIENCY REGULATORY OR	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	1 7	ADISONVILLE, TN 37354	TION	Ores
K 141	Continued From page		YAG K 141	CROSS REFERENCED TO THE APPLICATION SKE	OPRIATE	COMPLET DATE
K 147 SS=D	the No Smoking sign where oxygen is use 8.6.4.2). The findings include: Observation on February two (cylinders stored in the the front hall near the Smoking " signs disp NFPA 101 LIFE SAFI	uary 6, 2012 at 10:45 a.m. 22) E-Class oxygen e oxygen storage room on	K 147	Maintenance Assistant on 3/12/ ensure all new construction and renovations maintain compliand the integrity of electrical wiring a equipment in accordance with National Electrical Code and to during routine facility rounds.  4. The Maintenance Supervisor, Assistant Maintenance Supervisor and/or designee will monitor for potential of missing protective cover electrical junction box during routine monthly room checks. The Maintenance Supervisor will read administrator for compliance; compliance audit will be reviewed quarterly. QA Safety Committee.	d/or ce with and IFPA70, monitor or the overs ag he port to	
e N T C re	electrical wiring is instr IFPA 70. The findings include: Observation on Februa Evealed one (1) electric Exposed wiring above:	ot met as evidenced by: i, the facility falled to assure alled in accordance with  ary 6, 2012 at 10:30 a.m. ical junction box with the celling on the 100 half with no protective cover				ompletior ate: 3/22/